

## GENERAL FACT SHEET

BILL NUMBER 10R-136

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Window Cleaning for Bid No. 10-041.		Contract is a (4) four year term from the date of execution.

## DETAILS

## POSITIONS/RECOMMENDATIONS

Resolution for G & M Window Service, LLC to provide the Annual Requirements for Window Cleaning for Bid No. 10-041 for all properties within the City of Lincoln listed in bid excluding line 5-8. Windows are to washed as stated in each line item per location.	Sponsor	Finance/Accounting
	Program Departments, or Groups Affected	All Departments
	Applicants/Proponents	Applicant: Finance/Accounting  City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**
**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/> <hr/>	
	<b>FINANCES</b>		
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ COST of this Ordinance/ Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	<b>SOURCE OF FUNDS</b>	CITY [Approximately] _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ % - _____ \$ _____ %	
<b>BENEFIT COST</b>			
<input type="checkbox"/> Front Foot Assessment			
<input type="checkbox"/> Square Foot			
_____			
_____			
_____			
_____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze, Buyer

REVIEW BY:

REFERENCE NUMBER